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FOR ACTION

# COUNTRY PROGRAMME RECOMMENDATION**

## Mauritania

## Addendum

SUMMARY

The present addendum to the country note submitted to the Executive Board at its first regular session in January 1998 contains the final country programme recommendation for Board approval.

The Executive Director recommends that the Executive Board approve:

(a) The country programme of Mauritania for the period 1999 to 2003 in the amount of $5,136,000 from general resources, subject to the availability of funds, and $12,500,000 in supplementary funds, subject to the availability of specific-purpose contributions;

(b) Additional general resources in the amount of $338,753 to fund the approved country programme for the period 1994 to 1998 for which the balance of approved general resources is not sufficient to fund the programme up to the approved programme period.

* E/ICEF/1998/12.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1997. They will be contained in the "Summary of 1998 recommendations for general resources and supplementary funding programmes" (E/ICEF/1998/P/L.21).

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## SITUATION OF CHILDREN AND WOMEN

1. Situated in the Sahel-Saharan region, Mauritania covers an area of approximately 1,030,000 square kilometres, of which more than two thirds is desert. Its population of 2.3 million is concentrated mainly in the south and south-eastern parts of the country. Mauritania continues to suffer from the combined effects of drought and desertification, which have led to a massive population exodus from rural to peri-urban areas. Since 1991, the country has been engaged in a process of democratization and building of a modern State.

2. Mauritania has enjoyed sustained economic growth since 1990, with annual growth rates of over 4 per cent. Its new development policies are geared mainly towards irrigation-fed agriculture, especially in the Senegal river valley, which receives one third of public investments. The other rural areas and the populations of the peri-urban areas, most of whom were part of the rural exodus, have benefited very little from public investments. According to the National Statistical Office, in 1996, more than 50 per cent of the population of Mauritania lived below the poverty line, while per capita gross national product (GNP) was US$ 470.

3. Mauritania is a highly indebted country, with an outstanding debt of nearly twice its GNP, whose servicing accounts for more than 20 per cent of earnings from the export of goods and services. In addition, the two main foreign exchange earners, the fisheries and mining sectors, have been weakened by overfishing in the case of fisheries and by the combined effect of the constant fluctuations in commodity prices and the high cost of exploiting new deposits, in the case of mining.

4. In 1996, the share of public investments allocated to health and education represented 4 per cent and 7 per cent, respectively, of GNP. This level is still inadequate to meet the growing needs of a rapidly increasing population (2.6 per cent per year) which is becoming more and more sedentary. The urban population is expected to double every 13 years and the total population in 35 years. Rapid urbanization has brought increased poverty and accentuated the disparities between the different segments of Mauritanian society. These new living conditions have led to a profound alteration of the reflex towards tribal and family solidarity and protection. At the same time, the Government has proved incapable of providing adequate services to remedy the situation.

5. Health services in Mauritania have improved following the establishment of the Bamako Initiative. In 1997, 78 per cent of the population had access to health facilities situated no more than 10 kilometres from their place of residence. Some rural areas, however, continue to be poorly served. An estimated 90 per cent of the population has financial access to essential drugs, the average cost per consultation being approximately one United States dollar. Poliomyelitis and measles are on the decline as a result of vaccination campaigns which have been stepped up since 1995. Nevertheless, the health situation still gives cause for concern because of the combination of several factors, including poverty, lack of education in disease prevention and an inadequate water supply and sanitation infrastructure.

6. Though improving slightly, the infant mortality rate (IMR) and infant/child mortality rate remain high at 124 and 183, respectively, per 1,000 live births. The maternal mortality rate (MMR) is estimated by UNICEF and the World Health Organization (1990) to be 930 per 100,000 live births and is linked mainly to complications at the time of delivery (dystocia, haemorrhage, eclampsia and puerperal infection).

7. The principal causes of infant morbidity and mortality are acute respiratory infections (ARI), diarrhoeal diseases and malaria. These account for more than 60 per cent of consultations and are made worse by the precarious nutritional status of the population. Nutritional problems are mainly protein-energy malnutrition and micronutrient deficiencies (iron-deficiency anaemia, vitamin A deficiency and iodine deficiency, from which 30 per cent of the population suffers). The multiple indicator cluster survey (MICS) carried out in 1995 revealed that 44 per cent of children under the age of 5 suffered from stunted growth, 7 per cent suffered from wasting and 23 per cent were underweight. The limited recourse to prenatal consultations (35 per cent) and contraception (4 per cent), together with the low rate of assisted childbirth (28 per cent, according to the Ministry of Health), are factors that contribute to the high rate of maternal mortality.

8. Drinking water supply coverage has expanded but remains limited (32 per cent in rural areas and barely 39 per cent in urban areas, according to the MICS). The poor quality and limited affordability of drinking water also contribute to the high mortality rate. A cholera epidemic has been endemic to the country since 1984. The number of cases of dracunculiasis (Guinea-worm disease) has declined sharply (388 in 1997 compared with more than 8,000 in 1991), but efforts must be continued, especially surveillance programmes, to achieve the desired objective of eradication.

9. Poor health habits are due largely to sociological factors, to the radical change in the lifestyles of nomads and villagers and to the fragile ecological system. These factors contribute to the high infant and maternal mortality rates and to the maintenance of girl children and women in conditions that are unfavourable to their development. Sociocultural factors and illiteracy (approximately 50 per cent of men and more than 70 per cent of women) also contribute to this situation.

10. Mauritania has ratified the Convention on the Rights of the Child but has not yet ratified the Convention on the Elimination of All Forms of Discrimination against Women. The status of women has nevertheless undergone significant changes over the past decade. The State pays particular attention to the problems of women in the fields of education, training and access to land, credit and health services. This is reflected in the inclusion of three women ministers in the current Government. However, young girls and women continue to suffer from widespread harmful practices, as revealed by a survey carried out jointly by the Ministry of Health and UNICEF in the wilaya (region) of Brakna. The domestic chores performed by girls also affect their school enrolment or attendance, especially in certain regions in the south and south-east of the country. Some parents still place greater emphasis on the schooling of their male rather than their female children. Early marriage, frequent

divorce, polygamy and the migration of men for economic reasons further exacerbate the situation of women and children.

11. Preschool enrolment is very low in Mauritania (0.3 per cent). School enrolment rates have risen spectacularly in comparison with other countries in the subregion, with a gross enrolment rate of 81 per cent for girls and 90 per cent for boys (government sources). However, the net school enrolment rate is 61 per cent for girls and 67 per cent for boys. Moreover, only 33 per cent of those who take the baccalaureate and 18 per cent of those who pass it are girls. A survey of basic education shows huge disparities between regions (by way of example, the net school enrolment rate for girls is 79 per cent in Nouadhibou but only 53 per cent in Brakna). Secondary school enrolment is low with 37 per cent of applicants being admitted. The traditional school system consists of a network of 1,728 Koranic schools, 397 of which offer a relatively advanced theological education, but it is declining as a result of strong competition from the modern school system.

12. An analysis of the situation shows that all ethnic groups in Mauritania are stratified along social, traditional and hierarchical lines. However, the establishment of a modern State, an increasingly sedentary population and rapid urbanization have brought about profound changes in Mauritanian society, leading to the emergence of new epiphenomena whose scale is difficult to quantify, such as children working and living in the street, begging and juvenile delinquency. The State is now adopting policies and measures to deal with the emergence of these new problems and with the consequences of more long-standing social problems (harmful practices and aftermath of slavery).

## PROGRAMME COOPERATION, 1994-1998

13. The 1994-1998 programme was designed to help achieve the following objectives: (a) reduce infant/child mortality and maternal mortality by improving access to preventive, curative and quality health care; (b) reduce the prevalence of malnutrition among children under the age of 5 years; (c) eradicate dracunculiasis; (d) improve the quality and effectiveness of basic education, with particular emphasis on traditional education; (e) strengthen community participation, especially by women, in the planning, executing and financing of all programme activities; (f) intensify community-based literacy campaigns, especially among women's groups; (g) establish a viable system for the collection, analysis and publication of information in order to monitor the evolution of the situation of children and women; and (h) promote the institutional and operational changes needed to improve the situation of children and women in Mauritania.

14. Accordingly, the cooperation programme was made up of five sectoral programmes: health and nutrition; an integrated community development programme; basic education; planning and follow-up; and advocacy and social mobilization. The programme was implemented mainly in the wilayas of Adrar, Assaba, Brakna, Hodh el Chargui, Gorgol and Guidimakha, and the outlying areas of Nouadhibou, Nouakchott and Rosso.

15. In most programme areas, with the notable exception of the fight against malnutrition and maternal mortality, significant progress was made. Some of the principal results were: UNICEF's contribution to strengthening health services (the Bamako Initiative and the Expanded Programme on Immunization (EPI) were extended to the entire country and the Vaccine Independence Initiative was set in motion); the immunization of a record number of children against measles and poliomyelitis during the annual national immunization campaigns from 1995 to 1998; the success of the anti-dracunculiasis programme, aided by its inclusion in a minimum package of activities together with malaria control; the introduction of educational activities which led to higher enrolment rates for girls and above all to the improved quality of the schools, thanks to a pilot programme for community-based management; the creation of development poles in the shanty towns, which facilitated community management, thereby considerably reducing the cost of water, making it more accessible and improving its quality; the reinforcement of women's independence thanks to access to microcredit accompanied by management training and functional literacy measures.

16. An MICS study supplied needed information on the situation of children and women and also provided food for thought during the country programme mid-term review. That review placed emphasis on the necessity of decentralizing the national plan of action, the importance of behavioural change in order to meet goals and the need to find adequate solutions for the problems specific to the protection of children. The launching of the initiative "Maires défenseurs des enfants" created an operational framework for the decentralization of programme activities. The establishment of three regional radio stations contributed to the promotion of new behaviour. Lastly, the establishment in 1998 of a National Council for Children will permit child-related problems to be monitored.

Lessons learned from recent cooperation

17. The simultaneous implementation of strategies to empower the population, build capacity and provide services and advocacy proved effective in a number of projects, particularly through the successful implementation of the Bamako Initiative. That approach has already been copied by programmes in other sectors, including basic education and drinking water supply. It has also been suggested that both advocacy and research and action activities of the kind undertaken in certain pilot projects (development poles integrated into peri-urban areas, income-generating activities for rural women) should be strengthened in order to document successful experiences and make them easier to copy. Noteworthy successes in mobilizing resources and a major advocacy effort resulted in the President of the Republic becoming personally involved in the national immunization campaigns and provided an opportunity to accelerate and expand the programme.

18. Those achievements should not however mask certain problems encountered in the implementation of the programme, especially as regards the quality of services and the reduction of disparities. Improving the quality of health service delivery and of drinking water and the promotion of simple hygiene and sanitation measures within the more general context of behavioural change are therefore priority areas for action. Special attention must be paid to gender, geographical and social disparities, particularly as regards access to education, health, balanced nutrition and drinking water. Too little attention

has been paid to building national and regional capacities, even though they are factors in sustainability. Lastly, the programme approach has proved too sectoral and the need for increasing integration of activities within the programme has been identified.

Recommendation concerning an additional allocation from general resources for the financing of the approved country programme, 1994-1998

19. The current country programme for Mauritania covering the period 1994-1998 was approved by the Executive Board in 1993 with an allocation of $5 million from general resources and $7,253,000 in supplementary funds (E/ICEF/1993/P/L.8). The planning level was adjusted during the programme period. As a result, an allocation of $338,753 from general resources is required to finance the programme for the approved period.

Annual funding requirements

(In United States dollars)

| Current programme cycle | Approved general resources funding[a] | Additional funding proposed |
|---|---|---|
| 1994-1998 | 5 000 000 | 338 753 |

[a] The amount shown here includes the actual balance carried over from the previous programme cycle.

RECOMMENDED PROGRAMME COOPERATION, 1999-2003

General resources: 5 136 000 dollars
Supplementary funds: 12 500 000 dollars

Recommended programme cooperation[a]

(In thousands of United States dollars)

| | General resources | Supplementary funds | Total |
|---|---|---|---|
| Survival of children and women | 2 110 | 6 650 | 8 760 |
| Development of children and women | 1 364 | 4 000 | 5 364 |
| Protection, participation and promotion | 1 115 | 1 850 | 2 965 |
| Cross-sectoral costs | 547 | - | 547 |
| Total | 5 136 | 12 500 | 17 636 |

[a] A breakdown of planned yearly expenditures is given in table 3.

Preparation of the country programme

20. The 1999-2003 cooperation programme was prepared in close collaboration with the government partners of Mauritania. The multilateral and bilateral agencies and non-governmental organizations also participated in all discussions. The process began in June 1996 with the mid-term review and the adoption of recommendations for new programming guidelines. The strategy meeting in June 1997 defined the structure of the country programme, the programming objectives and the overall strategies to achieve those objectives. Priority areas were identified through an analysis of the situation of children and women in Mauritania. The country strategy note, the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, the Declaration adopted by the World Summit for Children and the national policies and strategies in areas involving social development also served as points of reference for programme preparation. If the United Nations agencies operating in Mauritania harmonize their cycles, UNICEF could interrupt its programme at the end of 2001 and begin a new one in 2002.

Programme objectives and strategies

21. The country programme will contribute to the following government objectives: (a) reduce the IMR and the infant-child mortality rate by at least 20 per cent and 25 per cent, respectively; (b) reduce the MMR by at least 20 per cent; (c) reduce the number of permanent disabilities resulting from illness or avoidable incapacitating practices; (d) achieve universal enrolment and provide quality schooling; (e) improve the status and role of women and young people through their effective access to employment; and (f) increase awareness of the situation concerning children's and women's rights with a view to their protection and promotion.

22. Programme interventions will be at the national, regional or community level as required by the nature of the objectives or the activities. In the light of the criteria of continuity of UNICEF programmes, poverty, population density and synergy between projects, the regions to be targeted by the programme are the wilayas of Assaba, Brakna, Gorgol and Guidimakha and the cities of Nouadhibou and Nouakchott. As supplementary funds become available, the wilayas of Adrar and Hodh el Chargui and the communes members of the initiative "Maires défenseurs des enfants" will also be targeted.

23. The objectives will be pursued through the application and strengthening of strategies which were fully tested during the preceding programme, namely: (a) provision of services, with priority being given to the most needy; (b) advocacy, through support for the formulation, implementation and monitoring of social policies benefiting children and women; (c) building national and local capacities, through support for decentralization and the urban initiatives; (d) empowerment of communities, especially women and youth, with emphasis on community participation in the selection and implementation of activities and on changes in behaviour; (e) promotion and application of the lessons learned from the implementation of the Bamako Initiative in other sectors; and (f) reinforcement and validation of research and action approaches within pilot projects before extending them nationwide.

24. The country programme will be based on three intersectoral programmes which are closely linked at all stages of the programming and implementation process. Due attention will be paid to their specific characteristics, and their complementary nature will act as a link between the different groups. The survival and development programmes will continue to meet the needs of children and women in the areas of health, nutrition, water, sanitation, education and increasing household income. The protection, participation and promotion programme will act as both instrument panel and accelerator, by providing guidance for the allocation and expenditure of the resources required to meet the programme's objectives and ensuring compliance with the provisions of the two Conventions.

25. The goal of the survival of children and women programme is to reduce mortality and morbidity and prevent disabilities through the implementation of three projects. The health project will help, in particular, to prevent and treat the principal childhood diseases (ARI, diarrhoeal diseases, malaria, and the target diseases of the EPI), contribute to the eradication of poliomyelitis and dracunculiasis, and strengthen the revitalization of services, emergency obstetrical care, the organization of referral and community-based health activities. The nutrition project is designed to reduce malnutrition and nutritional deficiencies, promote breastfeeding and weaning techniques, strengthen household food security and generalize the use of iodized salt. The water and sanitation project will help to improve the quality of water and access to latrines in rural and deprived peri-urban areas and will attempt to promote changes in hygiene behaviour.

26. Project activities will be supported by the promotion and implementation of a minimum package of preventive, curative and promotional activities at each level of intervention (village, commune, department, region) and on the development of a systemic approach to the delivery of supplies and services from the village to the regional hospital.

27. The definition and revision of national policies and of the legislative framework and support for priority programmes will be centralized. In the case of the wilayas, regional planning and supervisory capacities will be strengthened, two regional hospitals will be revitalized and referral services will be organized. At the moughataa (department) and commune levels, emphasis will be placed on improving the quality of services and implementing an enlarged minimum package of activities at the level of 220 health facilities. Lastly, in 640 camps and villages, the programme will promote development of participatory community activities: community health and nutrition surveillance, management and maintenance of 200 water points, and the promotion of low-cost sanitation activities such as the installation of latrines. In parallel, close supervision and the collection and routine analysis of data will provide a basis for the monitoring of intervention, the refocusing of activities and the updating of indicators.

28. The development of children and women programme will, through the implementation of two projects, help to reduce the obstacles that prevent children, women and young people from achieving their full potential. The education project will: (a) improve the care and attention given to the development of young children through the creation of community-based guidance

networks, which will receive training and equipment, in coordination with the existing educational and health facilities; (b) promote universal school enrolment for both boys and girls by involving the communities in the qualitative improvement of schools and the monitoring of statistics (in this context, community management - parent-teacher associations - will collaborate to improve learning conditions and content by emphasizing behaviour in regard to hygiene, health and respect for the environment); and (c) support the implementation of the national youth policy (as of the second half of the programming cycle, subject to the availability of supplementary funds and in collaboration with the protection programme - see the next paragraph). The promotion of women project will seek to improve the living conditions and autonomy of women and their families by supporting training in and adoption of appropriate behaviour in regard to hygiene and health, the establishment of income-generating activities and access to microcredit.

29. At the national level, the programme will support the definition and revision of national policies and legislative frameworks. At the level of the wilaya, projects will be implemented by the regional directorates of basic education and will involve 500 schools in community management. Youth inspections will support activities relating to this target group, and agencies of the State Secretariat for the Status of Women will oversee 60 cooperatives and the network of "Nissa Banque" credit banks.

30. The programme on the protection and participation of children and women for the promotion of their rights (PPP) will help ensure that there is increased awareness of and response to their problems. It will strengthen the institutional and legal framework for the implementation of a protection system in accordance with the provisions of the two Conventions. The PPP programme will, by constantly alluding to rights and promoting them in contacts with decision makers and the population, foster the establishment of a culture of rights. This programme consists of three projects. The rights of the child project aims at implementing new institutional machinery, adapting the laws and applying specific measures to benefit children in need of special protection measures; it will make women and children more aware of their rights. The second project, planning, monitoring and evaluation, will observe the situation of children's and women's rights in Mauritania, producing reliable statistics and quantitative and qualitative data and monitoring the agreed survival, development, protection and participation indicators. The third project, advocacy, communication and social mobilization, is designed principally to play an advocacy role with decisions makers, raising awareness and mobilizing the population with regard to the Conventions, and it will support the behavioural change activities of the other programmes and projects.

31. The PPP will cover the whole country in its elaboration of a database suitable for monitoring the implementation of the two Conventions, routinely updating the analysis of the situation of children and women, supporting the National Childhood Council and creating a national alliance for the mobilization of resources and advocacy. At the regional level, emphasis will be placed on the areas targeted by the country programme, especially as regards the establishment of three regional observatories and support to three decentralized radios. At the local level, the programme will measure the impact of information, education and communication activities on the targeted communities,

strengthen interpersonal communication mechanisms, promote the elaboration of local situation analyses and of plans of action for more than 30 communes and encourage support to local associations for the defence of child rights.

Collaboration with other organizations and bilateral cooperation

32. The country strategy note, prepared by the Government in close collaboration with all the United Nations agencies, is the programme's frame of reference. The coordination system relies on monthly inter-agency meetings of the United Nations system and on thematic meetings to enhance the complementarity of activities. Even though Mauritania has not yet subscribed to the United Nations Development Assistance Framework (UNDAF), the agencies have already embarked on a joint exercise to harmonize activities in the Gorgol wilaya. There is close collaboration with a number of multilateral agencies (the World Bank, the European Union, the United Nations Population Fund (UNFPA), the World Food Programme, the United Nations Development Programme and the World Health Organization) in the context of pilot projects.

33. The programme will provide an opportunity for collaboration with the United Nations system in establishing the social database and with UNFPA in data collection, awareness-raising and mobilization to improve women's health and combat harmful practices. Collaboration with the World Bank will also continue to be important in the areas of drinking water supply in outlying neighbourhoods, an increased school enrolment rate for girls, the development of a geographical information system as a tool for planning and following up project and programme activities, and nutrition and health through the plan of support for the health sector 1998-2002. In the bilateral context, the durable collaboration established with the cooperation agencies and the Embassies, in particular of Canada, Spain, France, Japan, the Netherlands and the United States, will be strengthened and the fruitful contacts with the Arab Embassies will also be continued.

Programme management

34. The entire country programme will be coordinated by the Ministry of Planning through a coordination committee, set up in 1994 by ministerial decree and composed of the representatives of various ministries and partners involved in programme execution: the Ministry of Planning, the State Secretariat for the Status of Women, the Ministry of Health and Social Affairs, the Ministry of Education, the State Secretariat for Literacy and Basic Education, the Ministry of Justice, the Ministry of Water Supply and Energy and the Ministry of the Civil Service, Labour, Youth and Sports, Radio Mauritanie and the Nouakchott Town Council. The programme will be implemented at several levels of the Mauritanian administration.

35. Formulation of development policies, advocacy, resource mobilization and the evaluation and analysis of the situation of children and women will be carried out centrally, while the management, execution and monitoring of activities will be carried out at the regional and local levels. At the community level, these activities will be carried out for the most part in collaboration with the municipalities which are members of the initiative

"Maires défenseurs des enfants", community cooperatives and associations and non-governmental organizations.

Monitoring and evaluation

36. An integrated monitoring and evaluation plan will ensure routine monitoring of programme implementation. Moreover, annual and biannual programme reviews will be organized by the coordination unit at the Ministry of Planning. The programme will be evaluated during the mid-term review in 2001. A final evaluation will be carried out in 2003.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Mauritania (1996 and earlier years) — UNICEF country classification

| | | | |
|---|---|---|---|
| Under-five mortality rate | 183 | (1996) | Very high U5MR |
| Infant mortality rate | 120 | (1996) | Very high IMR |
| GNP per capita | $ 470 | (1996) | Low GNP |
| Total population | 2.3 million | (1996) | |

| KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT | | 1970 | 1980 | 1990 | 1996 |
|---|---|---|---|---|---|
| Births | (thousands) | 55 | 67 | 81 | 90 |
| Infant deaths (under 1) | (thousands) | 8 | 8 | 10 | 11 |
| Under-five deaths | (thousands) | 14 | 12 | 15 | 16 |
| Under-five mortality rate (per 1,000 live births) | | 250 | 175 | 183 | 183 |
| Infant mortality rate (under 1) (per 1,000 live births) | | 150 | 118 | 120 | 120 |

| | | About 1980 | Most recent |
|---|---|---|---|
| Underweight children (under 5) (% weight for age, 1996) | Moderate & severe | .. | 23 |
| | Severe | .. | 9 |
| Babies with low birth weight (%, 1984) | | 11 | .. |
| Primary school children reaching grade 5 (%, 1980/1993) | | 80 | 72 |

| NUTRITION INDICATORS | About 1980 | Most recent |
|---|---|---|
| Exclusive breast-feeding rate (<4 mos.) (%1996) | .. | 60 |
| Timely complementary feeding rate (6-9 mos.) (%1996) | .. | 64 |
| Continued breast-feeding rate (20-23 mos.) (%1996) | .. | 59 |
| Prevalence of wasting (0-59 mos.) (%, 1996) | .. | 7 |
| Prevalence of stunting (0-59 mos.) (%, 1996) | .. | 44 |
| Total goitre rate | .. | .. |
| Household consuming iodized salt (%) | .. | 3 |

| HEALTH INDICATORS | | About 1980 | Most recent |
|---|---|---|---|
| ORT use rate (%, 1996) | | .. | 51 |
| Routine EPI vaccines financed by government (%) | | .. | 100 |
| Access to safe water (% of population, 1980/1995) | Total | 84 | 74 |
| | Urban/rural | 80 / 85 | 88 / 59 |
| Access to adequate sanitation (% of population, 1980/1995) | Total | .. | 32 |
| | Urban/rural | 5 / .. | 44 / 19 |
| Births attended by trained personnel (%, 1980/1991) | | 15 | 40 |
| Maternal mortality rate (per 100,000 live births, 1990) | | .. | 930 |

| Immunization | | 1981 | 1985 | 1990 | 1996 |
|---|---|---|---|---|---|
| One-year-olds (%) immunized against: | Tuberculosis | 57 | 74 | 75 | 81 |
| | DPT | 18 | .. | 28 | 56 |
| | Polio | 18 | .. | 28 | 56 |
| | Measles | 45 | .. | 33 | 67 |
| Pregnant women (%) immunized against: | Tetanus | 1 | .. | 40 | 63 |

TABLE 1 (continued)

Mauritania

| EDUCATION INDICATORS | | About 1980 | Most recent |
|---|---|---|---|
| Primary enrolment ratio (gross/net) (%, 1980/1995) | Total | 37 / .. | 78 / 60 |
| | Male | 47 / .. | 85 / 64 |
| | Female | 26 / .. | 72 / 55 |
| Secondary enrolment ratio (gross/net) (%, 1980/1994) | Total | 11 / .. | 15 / .. |
| | Male | 17 / .. | 19 / .. |
| | Female | 4 / .. | 11 / .. |
| Adult literacy rate, 15 years & older (%, 1980/1995) | Total | 30 | 38 |
| | Male/female | 41 / 19 | 50 / 26 |
| Radio/television sets (per 1,000 population, 1980/1988) | | 97 / .. | 370 / 30 |

| DEMOGRAPHIC INDICATORS | | 1970 | 1980 | 1990 | 1996 | 2000 |
|---|---|---|---|---|---|---|
| Total population | (thousands) | 1221 | 1551 | 2003 | 2333 | 2580 |
| Population aged 0-17 years | (thousands) | 598 | 774 | 1017 | 1157 | 1249 |
| Population aged 0-4 years | (thousands) | 214 | 277 | 333 | 380 | 411 |
| Urban population (% of total) | | 13.7 | 27.3 | 43.5 | 52.7 | 57.7 |
| Life expectancy at birth (years) | Total | 43 | 47 | 51 | 53 | 55 |
| | Male | 41 | 45 | 49 | 51 | 53 |
| | Female | 44 | 48 | 52 | 55 | 56 |
| Total fertility rate | | 6.5 | 6.3 | 5.6 | 5.1 | 4.8 |
| Crude birth rate (per 1,000 population) | | 45 | 44 | 40 | 39 | 37 |
| Crude death rate (per 1,000 population) | | 22 | 19 | 15 | 14 | 13 |

| | | About 1980 | Most recent |
|---|---|---|---|
| Contraceptive prevalence rate (%, 1981/1990) | | 1 | 4 |
| Population annual growth rate (%, 1965-1980/1980-1996) | Total | 2.3 | 2.6 |
| | Urban | 9.7 | 6.7 |

| ECONOMIC INDICATORS | | About 1980 | Most recent |
|---|---|---|---|
| GNP per capita annual growth rate (%, 1965-1980/1985-1995) | | -0.1 | 0.5 |
| Inflation rate (%, 1965-80/1985-95) | | 8 | 7 |
| Population below $1 a day (%, 1988) | | .. | 31 |
| Household income share (%, 1988) | Top 20%/bottom 40% | .. / .. | 47 / 14 |
| Government expenditure (% of total expenditure, 1980/1995) | Health/education | 2 / 19 | 5 / 12 |
| | Defence | .. | 8 |
| Household expenditure (% share of total) | Health/education | .. / .. | .. / .. |
| Official development assistance: (1980/1996) | $US millions | 176 | 274 |
| | As % of GNP | 29 | 25 |
| Debt service (% of goods and services exports(1980/1996) | | 11 | 19 |

## TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1994-1998 a

COUNTRY: MAURITANIA
LATEST BOARD APPROVAL: 1993
GENERAL RESOURCES: $5,000,000.00

(In thousands of United States dollars)

| Programme sectors/areas | Supplies and equipment (actual) | | Training grants (actual) | | Project staff (actual) | | Other cash (actual) | | TOTAL | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | General resources b/ | | SF | | Total (GR & SF) | |
| | GR b | FSF | GR b | FSF | GR b | FSF | GR b | FSF | Actual | Planned | Actual | Planned | Actual | Planned |
| Health | 927 | 1,618 | 120 | 142 | 503 | 32 | 640 | 555 | 2,190 | 1,875 | 2,347 | 1,829 | 4,537 | 3,704 |
| Education | 83 | 171 | 31 | 82 | 119 | 204 | 213 | 190 | 446 | 300 | 647 | 1,576 | 1,093 | 1,876 |
| Community organization and development | 354 | 865 | 56 | 53 | 344 | 150 | 409 | 729 | 1,163 | 1,825 | 1,797 | 2,918 | 2,960 | 4,743 |
| Social mobilization and advocacy | 62 | 115 | 1 | 9 | 35 | 2 | 304 | 348 | 402 | 300 | 474 | 580 | 876 | 880 |
| Planning and social statistics | 50 | 17 | | | 29 | | 83 | 6 | 162 | 200 | 23 | 150 | 185 | 350 |
| Programme support | 68 | | | | 343 | | 188 | | 599 | 500 | | 200 | 599 | 700 |
| GRAND TOTAL | 1,544 | 2,786 | 208 | 286 | 1,373 | 388 | 1,837 | 1,828 | 4,962 | 5,000 | 5,288 | 7,253 | 10,250 | 12,253 |

GR = General resources.
FSF = Funded supplementary funding.
SF = Supplementary funding, funded and unfunded.
a Actual expenditure includes expenditure recorded as at closure 03, 04 June 1998.
b Actual GR expenditure includes allocations from global funds.

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TABLE 3

COUNTRY: MAURITANIA
PROGRAMME CYCLE : 1999-2003

PLANNED YEARLY EXPENDITURES

| | | 1999 | 2000 | 2001 | 2002 | 2003 | TOTAL |
|---|---|---|---|---|---|---|---|
| SURVIVAL | GR | 424,180 | 423,150 | 422,080 | 420,960 | 419,800 | 2,110,170 |
| | FSF | | | | | | |
| | NSF | 987,500 | 1,985,000 | 1,652,500 | 1,320,000 | 705,000 | 6,650,000 |
| | TOTAL | 1,411,680 | 2,408,150 | 2,074,580 | 1,740,960 | 1,124,800 | 8,760,170 |
| DEVELOPMENT | GR | 276,690 | 274,240 | 272,610 | 270,960 | 269,280 | 1,363,780 |
| | FSF | | | | | | |
| | NSF | 880,000 | 830,000 | 850,000 | 770,000 | 670,000 | 4,000,000 |
| | TOTAL | 1,156,690 | 1,104,240 | 1,122,610 | 1,040,960 | 939,280 | 5,363,780 |
| PROTECTION, PARTICIPATION AND PROMO | GR | 188,700 | 240,500 | 228,630 | 229,400 | 227,690 | 1,114,920 |
| | FSF | | | | | | |
| | NSF | 345,000 | 420,000 | 373,000 | 369,000 | 343,000 | 1,850,000 |
| | TOTAL | 533,700 | 660,500 | 601,630 | 598,400 | 570,690 | 2,964,920 |
| CROSS-SECTORAL COSTS | GR | 100,430 | 106,110 | 108,680 | 113,680 | 118,230 | 547,130 |
| | FSF | | | | | | |
| | NSF | | | | | | |
| | TOTAL | 100,430 | 106,110 | 108,680 | 113,680 | 118,230 | 547,130 |
| TOTAL, PROGRAMME BUDGET | GR | 990,000 | 1,044,000 | 1,032,000 | 1,035,000 | 1,035,000 | 5,136,000 |
| | FSF | | | | | | |
| | NSF | 2,212,500 | 3,235,000 | 2,875,500 | 2,459,000 | 1,718,000 | 12,500,000 |
| | TOTAL | 3,202,500 | 4,279,000 | 3,907,500 | 3,494,000 | 2,753,000 | 17,636,000 |
| STAFF COSTS a | | 605,790 | 638,916 | 694,767 | 732,731 | 749,891 | 3,422,095 |
| GENERAL OPERATING COSTS | | 347,914 | 330,840 | 337,050 | 343,050 | 342,450 | 1,701,304 |
| TOTAL, ESTIMATE SUPPORT BUDGET | | 953,704 | 969,756 | 1,031,817 | 1,075,781 | 1,092,341 | 5,123,399 |
| GRAND TOTAL | | 4,156,204 | 5,248,756 | 4,939,317 | 4,569,781 | 3,845,341 | 22,759,399 |

GR = general resources.
FSF = funded supplementary funding.
NSF = new supplementary funding.

a Including consultants and temporary assistance.

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TABLE 4

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : MAURITANIA
PROGRAMME : 1999-2003

| PROGRAMME SECTION/AREAS AND FUNDING SOURCE | PROGRAMME BUDGET | | | | POSTS a | | | | | | | | | | AFF COSTS b | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | GR | FSF | NSF | TOTAL | D2/L7 | D1/L6 | P/L5 | P/L4 | P/L3 | P/L2 | IP | NP | GS | TOTAL | IP | LOCAL | TOTAL |
| GENERAL RESOURCES : | | | | | | | | | | | | | | | | | |
| SURVIVAL | 2,110,170 | | | 2,110,170 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 1 | 4 | 0 | 545,472 | 545,472 |
| DEVELOPMENT | 1,363,780 | | | 1,363,780 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| PROTECTION, PARTICIPATION AND PROM | 1,114,920 | | | 1,114,920 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 166,293 | 166,293 |
| CROSS-SECTORAL COSTS | 547,130 | | | 547,130 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 5 | 7 | 0 | 484,606 | 484,606 |
| TOTAL GR | 5,136,000 | | | 5,136,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 | 6 | 12 | 0 | 1,196,371 | 1,196,371 |
| SUPPLEMENTARY FUNDING : | | | | | | | | | | | | | | | | | |
| SURVIVAL | | 0 | 6,650,000 | 6,650,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 1 | 3 | 0 | 418,044 | 418,044 |
| DEVELOPMENT | | 0 | 4,000,000 | 4,000,000 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 2 | 1 | 4 | 688,906 | 335,518 | 1,024,424 |
| PROTECTION, PARTICIPATION AND PROM | | 0 | 1,850,000 | 1,850,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 4 | 0 | 340,196 | 340,196 |
| CROSS-SECTORAL COSTS | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL SF | | 0 | 12,500,000 | 12,500,000 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 6 | 4 | 11 | 688,906 | 1,093,758 | 1,782,664 |
| TOTAL GR & SF | 5,136,000 | 0 | 12,500,000 | 17,636,000 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 12 | 10 | 23 | 688,906 | 2,290,129 | 2,979,035 |
| SUPPORT BUDGET | | Operating costs | | 1,701,304 | | | | | | | | | | | | | |
| | | Staffing | | | 0 | 0 | 1 | 1 | 1 | 0 | 3 | 2 | 8 | 13 | 2,552,114 | 869,981 | 3,422,095 |
| GRAND TOTAL (GR + SF + SB) | | | | | 0 | 0 | 1 | 1 | 2 | 0 | 4 | 14 | 18 | 36 | 3,241,020 | 3,160,110 | 6,401,130 |
| | Number of posts and staff costs: | | | | | | | | | | | | | | | | |
| | Current programme cycle | | | | | | | | | | 4 | 11 | 17 | 32 | | | |
| | At the end of proposed programme cycle (indicative only) | | | | | | | | | | 4 | 14 | 18 | 36 | 3,241,020 | 3,160,110 | 6,401,130 |

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a Each post, regardless of its funding source, supports the country programme as a whole.
b Excludes temporary assistance and overtime.